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SELECTIONS ON CHINESE TRADITIONAL MEDICINE

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# FOREWORD

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SELECTIONS ON CHINESE TRADITIONAL MEDICINE

[The following are translations of selected articles by  
Research Institutes of Chinese Traditional Medicine in  
Ch'ing-chu Chien-kuo Shih-chou-nien I-hsueh Ch'eng-chiu  
Lun-wen Chi, Volume 1, Peiping, December 1959.]

CONTENTS

<u>Article</u>	<u>Page</u>
CHINESE TRADITIONAL MEDICAL ACHIEVEMENTS IN TREATMENT OF MEASLES .....	1
CHINESE TRADITIONAL MEDICAL ACHIEVEMENTS IN TREATMENT OF JAPANESE B-ENCEPHALITIS .....	8
TRADITIONAL MEDICAL ACHIEVEMENTS IN TREATMENT OF DYSENTERY .....	18

## CHINESE TRADITIONAL MEDICAL ACHIEVEMENTS IN TREATMENT OF MEASLES

[Following is a translation of an article by the Research  
Institutes of Chinese Traditional Medicine in Ch'ing-chu Chien-  
kuo Shih-chou-nien I-hsueh K'o-hsueh Ch'eng-chiu Lun-wen Chi,  
Volume 1, Peiping, December, 1959, pp 330-334.]

### I. Traditional Chinese Methods of Treatment and the Combined Use of Chinese and Western Methods

There are numerous documents in traditional Chinese medicine concerning measles, and altogether we have a rich theoretical knowledge and wide clinical experience, as well as a thorough acquaintance with and detailed records concerning the diagnosis, care of, prevention and treatment of measles. This valuable heritage, which has been adopted and utilized in the sphere of present day Chinese and Western medicine, has resulted in the attainment of great accomplishments in the work for prevention and treatment.

The coordinate use of traditional Chinese and Western methods of prevention and treatment has elevated the recovery rate for measles. Traditional Chinese medicine emphasizes early treatment based on the character of the skin eruption, and the diagnosis and early treatment of secondary infections. This has elevated the secondary infection recovery rate, while the application of combined Chinese and Western medicine has lowered the death rate. In the 1958 epidemic period, those who were afflicted with measles and subsequent complications with pneumonia, for the most part, received treatment with traditional Chinese drugs. These drugs were remarkably effective in the various stages of the illness and on the general condition of the patients. Not only did they meet with the people's acceptance, but at the same time brought about an increased respect for traditional Chinese medicine on the part of our medical personnel as well as strengthen the technique of combined Chinese and Western methods of treatment.

Hopei Province is a region in which measles is quite prevalent. On the basis of statistics of the past few years, measles is the chief infectious disease. In 1956 the Hopeh Bureau of Health held a provincial conference for the purpose of exchanging experiences concerning the prevention and treatment of measles by means of traditional Chinese medicine. Following the conference, the conferees published a book entitled Chinese Traditional Medical Methods for the Prevention and Treatment of

Measles, which contained effective older methods of prevention and treatment, and the practical experiences of more than 50 doctors. This has resulted in a positive reaction in favor of the spread of traditional Chinese methods of treatment.

Throughout the entire nation during the past years, there have been numerous reports on clinical experiences, and technical discourses on the prevention and treatment of measles. The result of this academic research has been to expand the great harvest from our traditional medical heritage. Fine contributions have already been made in the work of preventing and treating measles.

On the basis of general experience, traditional Chinese Medicine divides the course of Measles into three periods: the initial (fever period), middle (skin eruption period), and final (recovery period). On the basis of the clinical symptoms, it is classified under three types: favorable, unfavorable, and critical. In treatment, the three basic methods are "penetration," "antidotal," and "nourishment of yin." In general, during the initial period the "penetration" method is the most important, while during the middle period or in the unfavorable or critical stages of the disease, it is the "antidotal" method. In the final period, the "nourishment of yin" method is used in order to aid in recovery. In actual practice the three methods can be used together, depending on the constitution of the afflicted and on climatic influences. However, the most important of these is "hsuan t'ou" [bringing out the rash]. Since the unfavorable and dangerous states (including pneumonia and other secondary infections) can appear in any stage of measles, it is possible to obtain excellent results if early treatment can be instituted before the appearance of secondary infections. Thus, traditional Chinese methods have come to be respected. Following is the traditional Chinese classification of measles based on the symptoms that appear:

1. "A light red is auspicious; a dark red is serious; yellow is critical; black is fatal."
2. "If the eruptions appear generally, on the head, face, back, limbs, it is considered favorable, if not, it is considered unfavorable."
3. "Maintenance of saliva is considered favorable. Lack of saliva is considered unfavorable."
4. "If the eruption appears first on the head and then spreads to the back, chest, limbs, and genital region, it is considered favorable. If, after the appearance of the rash, it does not appear on the face and body, it is considered unfavorable."
5. "If the mind is clear and sleep is tranquil, it is considered favorable. If one is confused and drowsy it is considered unfavorable. Convulsions are considered to be critical."
6. "A clear, dry cough is considered favorable, but with phlegm, unfavorable. Shortness of breath and purple lips are considered critical."
7. "If the rash is a delicate red and disappears early, it is favorable. If the rash does not appear readily and does not disappear early, it is unfavorable. If the rash appears to be concealed beneath

the skin or breaks out abruptly, and has a black coloration which appears, then disappears, it is considered critical."

The favorable and unfavorable states are relative, and for this reason one must take care to prevent the favorable from becoming unfavorable, and to treat the unfavorable so that it will become favorable. The critical state should be treated as well so that the condition will be eased. In short, the favorable, unfavorable, and critical states can lead one to the other. Careful examination of all aspects of a case must be made and early treatment of measles instituted. This can bring about a reduction in secondary infections.

In all places in which traditional Chinese methods of treatment have been used, the incidence of measles and complication with pneumonia has been greatly reduced. From the winter of 1958 until the spring of 1959, the First People's Hospital in Chang-chia-k'ou, utilizing principally traditional Chinese methods of treatment, treated 671 cases of measles of which the incidence of pneumonia was only 12.9%. Other reports are similar to this. This represents a great reduction compared with a pneumonia incidence of 34.6-41.3% previously reported by Wu Han-hsu (武漢徐) and Chang Sha-lu (長沙盧).

In general, the methods used for secondary infections are external and internal which are designed to clear the fever and cause saliva flow. Commonly used prescriptions are as follows: Ma-hsing-shih-kan-t'ang, "Liang-ki-san," San-huang-shih-kao-t'ang, Chu-hsieh-shih-kao t'ang, Ginseng pai-hu-t'ang, Hsi-chiao-ti-huang-t'ang, Ch'ien-chin-mai-men-tung-t'ang, and I-wei-t'ang. However, in the initial stages one should use a "hsuan-t'ou" prescription, such as Hsing-su-san, Sheng-ma-ke-ken-t'ang, and Ts'ung-ch'ih-t'ang. If there is asthma or respiratory constriction, Ephedra vulgaris may be used. Since there are many factors that may lead to secondary infection, one must proceed according to actual situation in question. If it is treated in time and cared for properly, the death rate can be lowered.

Measles itself is not particularly serious, and the death rate is very low; however, when secondary infections are present it is very high. Before antibiotics came into clinical use there were some reports of the death rate from secondary pneumonia reaching 70%. After the introduction of antibiotics the death rate has been between 10 and 20%. The use of traditional Chinese methods of treatment and combined Chinese and Western methods has greatly reduced this figure. In the 671 cases treated at the First People's Hospital in Chang-chia-k'ou, the death rate from measles with secondary pneumonia infection was 6.1%. Of 1,316 cases of measles treated in Fu-chou, a comparison was made of the therapeutic efficacy of Chinese and Western medicines in secondary infections, with a resulting death rate of 3.64% in the group treated with Chinese medicines, and 13.9% in the group treated with Western medicines. During the 1958 winter epidemic season the hospitals of the First Medical School and the Chinese Medical School in Nanking used combined Chinese and Western methods in treating 463 cases of measles complicated by pneumonia. Although 60.2% of these were critical cases, the death rate was only 4.8%.

The Second People's Hospital in Canton made a comparison between Western methods (including antibiotics, hormones, and blood transfusions) and combined Chinese and Western methods of treatment in 217 cases of secondary pneumonia with a resulting death rate of 25.7% in the group treated with Western methods alone, and 7.69% in the group treated with combined methods. This demonstrates that there is a clear difference between the two.

Towards the end of 1958 and at the beginning of 1959, the People's Hospital of Shansi made a comparison of these two methods of treatment in 163 cases of measles with secondary pneumonia. In one group, antibiotics and Ma-hsing-shih-kan-t'ang were used together, while in the other, only antibiotics were used. The results of this were a death rate of 8.9% in the former, and 18.8% in the latter. The Han-nan Infectious Disease Hospital and the departments of Infectious Diseases and Epidemiology of the Shantung Medical School conducted research using combined Chinese and Western methods of treatment on 1,036 cases of measles with secondary pneumonia with a resulting death rate of 6.64%. The T'ang-shan City Infectious Disease Hospital treated 148 cases of measles with secondary pneumonia, and reduced the death rate to 2.03%. The above thoroughly demonstrates the efficacy of the combined traditional Chinese and Western methods of treatment.

Antibiotics can be used to advantage in secondary bacterial infections. However, recent clinical experiences have shown that, in some cases, antibiotics are most effectively used only during the initial stage of secondary infection. This is obviously because many secondary infections are produced by the measles virus itself, and also because more and more bacteria are developing resistance to antibiotics. The use of traditional Chinese drugs has solved this problem. It has been shown that many traditional Chinese drugs have antibacterial activity. The therapeutic efficacy of Chinese drugs is also evident. However, research on traditional prescriptions is still in its infancy, and their mechanism of action have still not been determined, although their practical efficacy has already been clinically corroborated. The data on the 463 cases of measles with secondary pneumonia treated with combined Chinese and Western methods at the First People's Hospital and the Hospital of the Chinese Medical School in Nanking completely demonstrate this point. They conducted antibiotic experiments of 54 groups of hemolytic *Staphylococcus aureus* taken at autopsy and from throat swab cultures, discovered that almost all of these were not affected by penicillin and 80% were not affected either by aureomycin or chloromycetin. Only erythromycin and antibacterial efficacy, and even there 1/5 of the group exhibited resistance to the drug. For example, in 169 cases treated with aureomycin and streptomycin, the death rate was 14.79%, while the general death rate was 4.8%, which demonstrates the action of traditional Chinese methods of treatment.

The Pediatrics Department of the Pao-ting Medical School's First Hospital used various antibiotics and K'ao-ti-sung [cortisone?] to treat high fever on the sixth and fifteenth days in two cases of measles

complicated with pneumonia. After three to four days the fever still had not receded. This treatment was followed by administering the Chinese drug "an-kung-niu-huang-wan." On the following day the fever began to go down, and after three days had returned to normal.

In the past, the efficacy of treatment for morbillic encephalitis has not been ideal. Those cases treated have in general developed such aftereffects as mental deficiency and paralysis. This is quite a serious problem. Among the cases treated at the aforementioned First Medical School in Nanking, 33 were suffering from encephalitis of which there were ten deaths. Most important was the fact those who had been treated with Chinese medical methods developed few aftereffects after recovery, and the majority of the aftereffects were cured by acupuncture. According to a general report from Peiping, acupuncture-moxibustion methods have already received broad application in various serious states, such as high fever, spasms, laryngitis and respiratory difficulty, abdominal distension, and facial nerve paralysis, and have achieved very good results. According to an analysis by the Department of Pediatrics group of the Harbin University Medical Section, pneumonia patients with distension when treated by acupuncture at the T'ien-shu, chung-kuan, ch'i-hai, kuan-yuan, ho-ku, and tsu-san-li sites received beneficial effects. Temporary relief was obtained in those suffering from convulsions with acupuncture treatment at the jen-chung, ch'eng-chiang, yin-t'ang, shih-hsuan, shih-erh-ching, and ho-ku sites. In pneumonia with diarrhea, effective results were obtained by acupuncture at the tsu-san-li, ho-ku, ssu-feng sites. At the tsu-san-li and ho-ku sites the twisting method (nien-chuan-fa) is used. After the needle is inserted 20 to 30 twists are given before removal. At the ssu-feng site the rapid acupuncture technique (su-tz'u-fa) was selected, and a small amount of tissue fluid released. In order to observe its therapeutic efficacy no digestive enzymes or anti-diarrhoica were given. Of 17 cases, 12 were cured following the first treatment, and 3 after the second treatment.

According to a report by Ch'ih-fu (迟福), he used Chinese-Western medicine in treating 194 cases of measles with pneumonia complications, 12 of which were critical. The patients recovered and were discharged from the hospital. Methods used in addition to Chinese and Western drugs, emphasize acupuncture-moxibustion and pa-kuan-tzu [a popular form of acupuncture.] Another 51 cases in which the rash did not break out and in which there were very serious pneumonia infections were treated with Chinese drug broths, antibiotics, heart stimulants, and acupuncture-moxibustion, which resulted in a rapid alleviation of the condition, appearance of the rash, and disappearance of pneumonia. The illness was cured quickly and the patients discharged from the hospital.

Experiences in Hopei Province show that acupuncture-moxibustion possesses a very high therapeutic efficacy toward measles, and can be used in all stages of the disease.



Popular methods of treating measles are very useful and have become well thought of. These consist, for the most part, of simple decoctions for bathing the body in order to bring out the rash. Examples of this are coriander spirits, and *Tamarix Chinensis* flour. In 1956 Cheng (張) reported that he obtained satisfactory results using popular methods of treatment. The method consists of taking the white of a chicken egg, one liang [31.25 grams] of buckwheat flour, and mixing it with three to five drops of sesame oil, and then rubbing it on the entire body until the skin becomes red. The more frequent the massage, the more uniform will be the rash. According to traditional Chinese medical theory, this is one of the best ways of dealing with measles. Of 33 cases observed by Cheng, all were cured, and none developed secondary infections. The average course of the disease in 26 of the cases was 5.5 days, that of the remainder being 9 days. This shows that popular methods of treatment are also effective.

## II. Research on Measles Prevention

"Prevention is the essential thing." This is the first policy in our country's hygiene work. Our people have long used oral drugs, bathing and massage, and nose swabbing as preventative methods for measles. We are now using the below listed means:

1. *Lithospermum officinale*, var. *erythrorhizon*. That *L. officinale* can prevent measles was recorded in our ancient medical books. "A General Discourse on Children's Health" (Hsiao-erh wei-sheng tzung-wei-lun) of the Sung Dynasty had indicated its preventative action toward measles. In recent years research has been conducted on this problem throughout the country, and not less than 20 to 30 papers have been published. The majority of these reports have shown that *L. officinale* is effective in preventing measles. In seven reports that appeared before 1958 studies were made of 5,365 exposed youngsters. Observations made a month after treatment showed that it was more than 90% effective.

2. Lei-chi Powder. Lei-chi powder is a prescription. In recent years it has undergone wide clinical research, and this research has shown that it is definitely effective in preventing measles. The Infectious Disease Research Laboratory of the Kiangsu Division of the Chinese Academy of Medicine has made a scientific analysis of it. They divided 1,092 exposed youngsters into two groups of which 921 received Lei-chi powder, and the remaining 171 served as controls. In the Lei-chi powder group, 412 or 44.73% came down with the disease, while the figure in the control group was 148, or 86.55%. An x-square test was run on these results, the result of which was 13.5, a probability of less than 0.01, demonstrating a clear difference between the two.

3. *Aspidium falcatum*. Dr. Wu (吳) of the Infectious Disease Research Laboratory of the Chinese Academy of Medicine has conducted research using *A. Falcatum* decoctions.

In Nanking and in Chiang-ning Hsien they divided 902 exposed youngsters into two groups, an experimental group of 434 (198 from Nanking,

236 from Chiang-ning) and a control group of 478 (187 from Nanking, 291 from Chiang-ning). They noted the period of exposure, place and closeness of exposure, as well as factors of susceptibility. The members of the two groups were allowed to mingle freely. The resulting disease incidence can be seen in the following table.

Incidence of Infection Groups		Number Infected		x-Square Test
		Cases	%	
Nanking	Control	172	91.97	9.5
	Experim.	115	58.08	
Chiang-ning	Control	287	98.62	6.2
	Experim.	43	18.00	

As can be seen from the above table, there is a clear difference between the experimental and control groups. *A. falcatum* decoctions are definitely effective in preventing measles.

### III. Conclusion

Chinese epidemiology has accumulated rich experiences in regard to measles, and has put it to use in the work of treating and preventing the disease. Since the establishment of the New China, we have been developing this valuable heritage. The facts of recent years shown that since traditional Chinese medicine has adopted the policy of dialectical methods in its treatment of measles and its secondary infections, it has been able to obtain efficacious results in lowering the death rate, secondary infection rate, as well as reducing the virulence and shortening the course of the disease.

Even more significant is the fact that Western Medicine is beginning to study traditional Chinese methods of treatment and the technique of confirming Chinese and Western treatment and utilizing the results of these studies to save cases that can not be resolved by either traditional Chinese or Western methods when used alone. This will serve to advance the future course of measles treatment.

Up until now we have worked out many methods for preventing measles. The course of our future research will be concerned with the mechanism of prevention, elevating the rate of prevention, and developing even more effective and convenient methods of prevention.

Although these are difficult tasks, we firmly believe that, under the leadership of the party, and with the close cooperation of traditional Chinese and Western medicine, they will be successfully accomplished.

CHINESE TRADITIONAL MEDICAL ACHIEVEMENTS IN  
TREATMENT OF JAPANESE B-ENCEPHALITIS

Following is a translation of an article by the Research  
Institutes of Chinese Traditional Medicine in Ch'ing-chu  
Chien-kuo Shih-chou-nien I-hsueh K'o-hsueh Ch'eng-chiu Lun-  
wen-chi, Volume 1, Peiping, December, 1959, pp 334-338./

I.

Before the Liberation, the reactionary government did not concern itself with the people's health; moreover it made no attempt to find treatments for the various acute infectious diseases that damaged their health. Therefore, infectious diseases spread continually, and the death rate was very high. An example of this is Japanese B-encephalitis, in which the death rate before the revolution reach as high as 35-60%.

After the Liberation, under the leadership of the Chinese Communist Party, treatments for various infectious diseases harmful to the people were continually produced, while at the same time the Party's policy on traditional Chinese medicine served to fully develop the strength of personnel working in the field of Chinese-Western medicine. Consequently, the death rate from Japanese B-encephalitis has been lowered year by year. This is inseparable from the people's movement for "Removing the Four Pestilences, Sanitation, and Eradication of Major Diseases." At the same time, the recovery rate has risen yearly. Traditional Chinese methods were used in treating six cases of this disease in 1953 in Wuhan City, Shantung, with the attainment of a definite success. In 1954 and 1955 the Infectious Disease Hospital in Shih-chia-chuang City, Hopeh, under the closely co-ordinated efforts of Chinese and Western medicine, treated 54 cases, employing traditional Chinese methods, and completely cured 51 of these. This great accomplishment attained the respect of the Party and of the government, and in September, 1955, the Ministry of Health put into operation a program of experiments concerned with the treatment of Japanese B-encephalitis by traditional Chinese methods. Thereupon, there was a general expansion of clinical research on its treatment by traditional Chinese methods in all parts of the nation, notably Peiping, Tientsin, Liao-ning, Szechuan, Wuhan, Nanking, and Shanghai. These corroborated the accuracy of the Shih-chia-chuang experiments, and resulted in an unceasing and vast expansion of the work. In recent years, the recovery rate has reached 90-95%. On the basis of the above initial statistics on clinical cases in the various cities and provinces, the superiority of traditional

Chinese medical methods in treating Japanese B-encephalitis is obvious. As seen from Table I [see end of report], the average death rate has been 7.6%. This accomplishment is without doubt our nation's contribution to medical science, and is a victory for the Party's traditional Chinese medicine policy as well.

## II.

Chinese methods of treating Japanese B-encephalitis are based on our traditional study of heat sickness. Since 1954 our program of clinical research has been constantly expanding and improving in the areas of diagnosis, treatment, and theoretical research.

### 1. Our Nation's Medical Knowledge of Japanese B-encephalitis:

An analysis of the disease was made in Shih-chia-chuang on the basis of traditional, historical studies of heat sickness, and it was recognized that "the diseases treated by traditional Chinese medicine include Japanese B-encephalitis." At the 1955 conference in Hopeh Province for the exchange of experiences in the treatment of the disease by Chinese methods it was again pointed out that "Japanese B-encephalitis belongs in the sphere of heat sickness." General experience has also indicated the close similarity between Japanese B-encephalitis and the latter.

For example, in the "Treatise on Heat Sickness," (Wen-p'ing T'iao-pan) it is said that, "After summer arrives and until autumn sets in, the weather is very hot, and the people suffer from heat sickness." The epidemic period of the latter and Japanese B-encephalitis are co-incident, that is, in July, August, and September. The Treatise on Heat Sickness goes on to describe the symptoms of heat sickness: "It is similar to typhoid in character: chills, fever, headache, and bodily discomfort." This explains why it is easily confused in its early stages with influenza. As the disease progresses, then, "At night sleep is not tranquil, the eyes often remain open, but are sometimes closed." This further explains the state of confusion and desire for sleep. It goes on: "The neck is strong and erect, the mind is not clear, and there is occasional delirium." This shows that the development of heat sickness, like that of Japanese B-encephalitis, proceeds from mild to severe symptoms. The Treatise on Heat Sickness further states: "Adults have convulsions, movement of the liver, and spasms of the hands and feet...In children there is fever with sudden convulsions." This not only mentions the symptoms of the onset of the disease, but also touches upon the question of age in regard to the development of the disease.

Therefore, it is not difficult to see that heat sickness and Japanese B-encephalitis have similarities in their major epidemic seasons and major clinical symptoms. Consequently, although the heat sickness mentioned in traditional Chinese studies cannot definitely be determined as Japanese B-encephalitis, the latter, at least, was included in

the traditional category of heat sickness.

## 2. Methods of Treatment:

Japanese B-encephalitis belongs to the category of heat sickness, one of its chief symptoms being a high fever. Traditional Chinese medicine recognizes that when biliousness is at its height, the poison has become established, and when the fever is at its height, then the yin has been injured. Therefore, in the clinical experiments at Shih-chia-chuang, the three methods, "dissipation of fever, dispersal of the poison, and nourishment of the yin" were used, and effective results were obtained.

The Hopeh Province Department of Health proceeded on this basis and used the principle, "when the spirit is depraved treat with bitter cold (nei-ching)," to evolve the following three methods: "cold with incense," "the cold penetrates the bad, the fragrant incense clears the mind," and "cold as the major factor, incense clears the apertures, and aids the dissipation of wind." This has brought about a definite advancement in the treatment of Japanese B-encephalitis.

After this, the Chinese Academy of Medical Research and other provinces and cities, emphasizing the principle of "dialectical treatment," analyzed the influences of bodily constitution and natural environment on the development of Japanese B-encephalitis, applying methods of treatment based on the factors of climate, heat and dampness. They have also synthesized the theories of the developmental stages of respiratory and blood diseases, and have actively applied these to the mild, serious, and critical clinical states of Japanese B-encephalitis. This type of theoretical research has resulted in the daily advancement toward completion of methods for treating Japanese B-encephalitis.

The coordination of both western and traditional Chinese methods of treating Japanese B-encephalitis, is a new development in our national medicine. For example, the use of Chinese and western methods of diagnosis have improved diagnostic work. Clinically, the adoption of emergency relief measures such as nasal feeding, giving of oxygen, and transfusions have brought about an even more effective use of Chinese drugs.

## 3. Experimental Research:

The Chekiang Academy of Health Research has conducted experiments using a Yin-hua-lien-ch'iao compound, and has found that it not only inhibits the growth of the Japanese B-encephalitis virus, but has evident therapeutic efficacy in mice experimentally infected with the virus. The pharmacology laboratory of the Academy of Chinese Medicine used the Chinese drug Chih-ching-san [Stop-convulsion powder] and its constituent drugs, Scorpiones and Scolopendrid, to counteract convulsions in mice produced by four kinds of central nervous system stimulants, corroborating the fact that Chih-ching-san and its constituents have anti-convulsant activity in treating Japanese B-encephalitis. The Fukien Infectious Disease Laboratory conducted experiments on the action of ten drugs on the

Japanese B-encephalitis virus. Simple drugs used were: Scorpiones, Scolopendrid, Cryptotympana pustulata Faba., Bombyx mori L., Cornu rhinocerotis, Bezoan, Meschus moschiferus L., and Calcii Sulpha. Compounds used were: Tzu-hsueh-tan and ch'u-fang-chih-pao-tan. These had differing degrees of effectiveness. The above experiments have advanced our understanding of their mechanism of therapeutic action.

#### 4. Literature:

In the ten years since the establishment of the nation, there has been a much greater number of technical reports and academic discourses concerning the disease in question than before the Liberation.

Among the technical reports:

a. Methods of Treatment for Japanese B-encephalitis by Chinese Traditional Medicine, which is a summary of experiments in treating the disease in Hopeh Province. The book draws on the theoretical system of traditional Chinese studies of fever diseases, explains its policies and methods of treatment, and introduces treated cases and the understanding gained from these. It is a fine book that promotes Chinese treatment of Japanese B-encephalitis.

b. Records of Treatment of Japanese B-encephalitis by Traditional Chinese Methods is based on clinical observations in Shih-chia-chuang. It tells of the expansion of traditional Chinese methods of treating the disease, and affirms the therapeutic effectiveness of the methods.

c. Aside from this, the articles that have appeared in Experiences in Treating Japanese B-encephalitis by Traditional Chinese Methods (Vol. 1), and in medical journals, number somewhere over 200. The data have served to advance the research on the disease and have provided reliable evidence. Moreover, the development of traditional Chinese methods for treating Japanese B-encephalitis can be clearly seen.

### III.

Dialectical treatment is the principle by which Chinese medicine treats all diseases, and as has been seen above, the correctness of this principle has been demonstrated in the process of treating Japanese B-encephalitis. For example, units of the Chekiang Chinese Medical Research Laboratory analyzed 710 case histories of Japanese B-encephalitis during the three year period, 1956-58; 352 of these cases were treated by the Chinese dialectical method; the death rate was 8.04%. In 143 cases treated by Chinese methods alone the death rate was 18.6%, while in the group of 215 cases treated with Western methods alone, the death rate was 20.3%. It can be seen that treatment with Chinese methods is superior to that with Western methods, and that the dialectical treatment is superior to the former.

Although in each area there are differences in the clinical classification of the onset and progress of Japanese B-encephalitis according to the dialectical treatment, the discrepancies in reality are not great.

For example, Shih-chia-chuang classifies it as mild, severe, and critical; Peiping, as mild, semi-severe, and severe; Shanghai, as mild, severe, and violent; Tientsin, as mild, severe, and very serious. In order to facilitate clinical management, the Shih-chia-chuang classification should be put into use. It is as follows:

Mild: Fever is the major symptom with body temperature about 38 degrees Centigrade. In some cases there are chills. Dizziness and headache are present, and the patient may or may not be thirsty. Occasionally there is mild vomiting without symptoms indicating cerebral involvement. Pulse is rapid or irregular, and the tongue may be coated and furrowed, or it may be moist without coating. This is an easy stage to detect.

Severe: A high fever with or without perspiration between 39-40 degrees Centigrade is the major symptom. There is a violent headache and the entire body aches. There is thirst and vomiting, and in some cases, drowsiness, coma, delirium and confusion, indicating cerebral involvement. The tongue may have a thick yellow coating or a white greasy coating. The tongue itself may be colored a deep crimson. The pulse may be very rapid or thready, or thin and rapid.

Critical: Body temperature exceeds 40 degrees Centigrade, although it may not be that high. A comatose state exists, there are limb spasms, and the neck and back are rigid and arched. There are incessant spasms. Eyes are turned upwards and pupils are greatly dilated. The mouth is firmly closed, and there is a wheezing asthmatic sound to the breathing, and a flow of saliva. The tongue may have a yellow or a deep crimson coating. The pulse may be sinking, very feeble, thin or faltering.

In the above three classifications we must begin with the actual condition of the afflicted, and the dialectical treatment method used must be based on the factors of climate, heat, and dampness, and the stage of the disease. In Table Three [see end of report] is a chart of Chinese drugs used at the Tientsin Municipal Infectious Disease Hospital.

On the basis of the table, it can be seen that the treatment of Japanese B-encephalitis by traditional Chinese medicine follows definite principles. But, since there are many traditional Chinese prescriptions, aside from those mentioned, others can be selected for treatment according to the dialectical method. For instance, Liu Chang-chieh (劉章杰) of Ch'uan-chiu City treated the disease using the Ko-ken-t'ang method of the Typhoid Treatise (Shang-han lun) with effective and rapid results. Su Shih-p'ing (苏世屏) used Ma-hsing-shih-kan-t'ang Method in Kwangtung's Hsin-hui Hsien. The Chinese Medical Hospital in Sian City, using a Hui-sheng-tan prescription to treat the critical stage, obtained effective results.

Simple Drugs: Clinical research was also initiated in Fukien. In 1958, the Fukien Medical Research Laboratories in the Fu-ch'ing Hsien Hospital used a decoction of *Aster trinerus* Roxb. to treat 190 cases and effected 178 cures. They also used *Isatis oblongata* DC. to treat

29 cases, curing all cases. This is a simple, economical, and practicable method. However, its mechanism of action awaits further experimentation and observation. According to traditional Chinese pharmacological theory, *Aster trinervus*, *Roxb.* and *Isatis oblongata* DC. both have antipyretic and antidotal capacities, and can be effectively utilized in Japanese B-encephalitis.

Acupuncture-moxibustion and electro-puncture neurotherapy:

These have good action in the treatment of Japanese B-encephalitis. Acupuncture-moxibustion has been particularly effective in the treatment of aftereffects.

Acupuncture-moxibustion and drug therapy are alike in being dialectical treatments, and have been widely used throughout the nation. For coma, many take the Jen-chung and pai-hui sites; for aphasia, the ya-men, t'ing-hui, and ho-ku sites. When the mouth is tightly closed and there is swallowing difficulty, the t'ai-ch'i, chia-ch'e, and ho-ku sites are frequently used. If body temperature has returned to normal, but there is urine retention and urination difficulty, the kuan-yuan, shui-fen, chung-chi, and san-yin-chiao sites are commonly used, and especially the pai-hui, ta-ch'ui, feng-fu, and shih-hsuan sites are in general use. Puncture of and releases of blood at the shih-erh-ching site has been used in many clinical experiences at the time of high fever, coma, and convulsions to ease the fever, and has often brought about a resolution of the disease. In 1957, the Shen-yang Infectious Disease Hospital used acupuncture in treating 61 cases of Japanese B-encephalitis and its aftereffects, and obtained definitely satisfactory results. In 30 cases with spasms, 22 were cured, 4 improved, and 4 unaffected. In 15 cases of headache, 14 were cured, and one improved. In seven cases of vomiting, five cases of urine retention, two cases of irrationality, one case of nervous disorder, and one case of blindness, all were cured. In 13 cases of aphasia, 12 were cured, and one improved. In 12 cases of paralysis, ten were cured and two improved. In three cases of limb deformities, it was ineffective.

In 1958 the Shensi Acupuncture-moxibustion Research Laboratory used electro-puncture neurotherapy in treating 36 cases, curing 29. This type of treatment could be further investigated.

#### IV

This outline of our research in treating Japanese B-encephalitis with our nation's medical science shows that it has a high therapeutic efficacy and that it has made definite accomplishments. In the future we still must further promote this work.

With regard to the theoretical problems of our traditional medical studies, such as the principle of dialectical treatment, the consideration of environment and constitution, the wei, ch'i, ying, and hsueh classification method, and the relation of climactic factors to the onset of the disease, the corroboration from clinical practice in Japanese B-encephalitis have a practical significance. Consequently, the



new mission of our medical scientists is how to study and classify these theories utilizing modern scientific methods.

The superiority of the close coordination of Chinese and western medicine has been demonstrated in the treatment of Japanese B-encephalitis. This once again shows the correctness and greatness of the Party's policy of consolidation of traditional Chinese and Western medicine.

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TABLE 1 STATISTICS ON THERAPEUTIC EFFICACY OF TRADITIONAL CHINESE MEDICINE FOR 1954-1958

Year	Place	Person or Unit Reporting	Number Treated	Number of Deaths	Death Rate %
1954-55	Shih-chia-chuang	Yuan I-ch'un (袁以群) Shih-chia-chuang Bureau of Health	54	3	5.6
1955-58	Peiping	Children's Hospital	571	35	6.1
1955-58	Peiping	People's Hospital, Peking Medical School	53	2	3.8
1956-57	Peiping	Hospital of Chinese Medicine	75	5	6.7
1955-58	Tientsin	Shih Hsiu-chang (師秀璋), Yu Shu-wen (俞書文), Sung Yu-hung (宋宇鴻), Yang Ta-feng (楊大山)	106	18	16.9
1957	Shanghai	The 11th People's Hospital	31	2	6.5
1955-58	Szechwan	First People's Hospital of Ch'eng-tu	186	15	8.2
1955-58	Szechwan	First Hospital of Chinese Medicine, in Chungking	103	10	9.7
1956-57	Chekiang	First Hospital, Chia-hsing; Chia-hsing Hospital for the Treatment of Schistosomiasis	45	3	6.7
1954-58 Total			1,224	93	7.6

TABLE 2

Group	<u>Mild</u>		<u>Severe</u>		<u>Critical</u>		<u>Total</u>		Deaths in First 24 Hours	Corrected Death Rate (%)
	T	D	T	D	T	D	T	D		
Dialectical	98		182	13	72	19	352	32	4	8.04
Chinese	54		61	12	23	22	143	34	9	18.6
Western	81	2	99	27	40	29	215	58	18	20.3

Note: T = Number treated  
D = Number of deaths

TABLE 3

Classification	Stage	Major Symptoms	Principle of Treatment	Major Prescriptions
Mild	Wei	Fever, slight chills, no perspiration or slight perspiration. Headache, vomiting, pulse irregular, tongue coated white.	Cold to bring out the bad	Hsia-chia, Hsiang-ju-yin, Yin-ch'iao-san, Sang-chu-yin, Ts'ung-shih-t'ang, Liu-i-san
	Ch'i	Fever, no chills, thirst and perspiration, Headache, vomiting, stiff neck, pulse very rapid and irregular, tongue coating white or yellowish	Fever: Applying cold to alleviate fever and dispel the poison. Dampness: incense; t'ung yang li shih	Fever: Pai-hu-t'ang, Pai-hu-chia jen-ts'an-t'ang, Tzu-hsueh, Sheng-chiang-san Dampness: Erh-hsiang-yin, Wu-chia-chien cheng-ch'i-san, San-jen-t'ang

TABLE 3 (Continued)

Classification	Stage	Major Symptoms	Principle of Treatment	Major Prescriptions
Serious	Ying	Severe fever, coma, delirium, Tongue red and dry. Thready pulse	Ch'ing yin chieh tu, Incense to clear the mind	Ch'ing-ying-t'ang, Ch'ing-kung-t'ang, Tzu-hsueh
	Hsueh and	Severe fever, coma, nose bleed, rash, tongue deep crimson or purple, thin pulse	Cooling blood to disperse the poison; calm the liver, hsi-feng. Incense to clear the mind	Ch'ing-yin-t'ang, Hua-pan-t'ang, Hsi-chiao-ti-huang-t'ang, Chia-chien-fu-mo t'ang, An-kung-niu-huang-wan, Chu-fang-chih-pao-tan
Critical	Ch'i and Hsueh	Severe fever, coma; vomiting, delirium, raving, mouth rigid, nosebleed, tongue deep crimson or dry and yellow	Alleviating the disease by dispersal of poison, Chu-hui-t'ung-li	Ch'ing-wan-pai-tu-yin, Hua-pan-t'ang, T'ao-jen-ch'eng-ch'i-t'ang, Shen-hsi-tan, Tzu-hsueh
Recovery			Cause salivation and benefit the stomach. Alleviate dryness and nourishment of yin	Sheng-mo-san, Wu-chih-yin, Tseng-yeh-t'ang, I-wei-t'ang, San-ts'ai-t'ang, Ch'ing-lo-san, Chu-hsieh-shih-kao t'ang

## TRADITIONAL MEDICAL ACHIEVEMENTS IN TREATMENT OF DYSENTERY

Following is a translation of an article by the Research Institutes of Chinese Traditional Medicine in Ch'ing-chu Chien-kuo Shih-chou-nien I-hsueh K'o-hsueh Ch'eng-chiu Lun-wen Chi, Volume 1, Peiping, December 1959, pp 339-345.

Dysentery is an infectious disease which normally occurs during the summer and autumn seasons, a disease which seriously threatens the health of the working people. In our national medicine, there was knowledge of the disease from early times, and there were fairly detailed accounts of it as far back as the Huang-ti Nei-ching. After this, Chinese medical literature throughout history produced new information and developments concerning the disease both in terms of recognition and prevention and treatment. After the Liberation, under the leadership of the Party, and with the uniting of Chinese and occidental medicine, Chinese medicine has found very great application in its prevention and treatment. Ever since the Liberation, articles concerning dysentery that have appeared in our journals number, based on incomplete statistics, more than 100. For the most part these are discussions on works concerned with this disease in our traditional medicine. Many experiences in treatment and new methods of prevention and treatment have also been reported. It can be seen from the discussions and reports relating to the disease that are found throughout history until the modern day that Chinese traditional medicine has made great accomplishments in the treatment of the disease.

### I. Clinical Observations on the Following Drugs:

Huang-lien [Coptis Japonica], Huang-po [Phellodendrum amureuse Ruyr.], ch'in-p'i [Fraxinus bungeana DC.], Pai-t'ou-weng [Sturnus cineraceus], Ya-tan-tzu [Brucea javanica L.], la-liao-ken [Polygonum hydro-piper root], Ta-suan [Allium corodoprasium L.], Ma-ch'ih-hsien [Portulaca oleracea], and ch'a-yeh [tea leaves].

#### 1. Huang-lien [Coptis japonica]:

Lo Lung-chiang (李龍江) of the Hangchow Infectious Disease Hospital has reported that the hospital had used various methods of treating 317 cases of bacillary dysentery in the five years from 1950 until early summer of 1954, dividing these into groups for purposes of clinical analysis. Of these 317 cases, he used sulfonamides in 80 cases, streptomycin in 41 cases, dysentery bacteriophage in 30 cases, and the drug

huang-lien in 166 cases. These were all cured. A comparison with the therapeutic efficacy of the other three groups appears in Table I [see end of report]. Yu Chieh-yu (俞介玉) of the Department of Internal Medicine of Hupeh Hospital has reported that in that hospital from July 1953 to September 1954, there were 231 cases out of 327 hospitalized cases of bacillary dysentery in which huang-lien treatment was used. The results of the treatments demonstrated that huang-lien is especially effective in the treatment of dysentery; all cases were cured and the symptoms disappeared on an average of 5.5 days. The hospital also made observations on a sulfonamide control group; the observation not only proved that huang-lien was a more therapeutically effective drug than sulfonamides, but also that secondary reactions to huang-lien were smaller.

Wu Chen-ou (巫振歐) et al. of the Hupeh Hospital have reported that the hospital used huang-lien pills and huang-lien broth in treatment of 70 cases of bacillary dysentery. The huang-lien was usually given orally in the form of a pill, although in a few cases a 2% huang-lien solution was given rectally. The results of the treatment were excellent, with all 70 patients being cured. A follow-up examination was given to six of the cases after 229-490 days, and this demonstrated that they were completely cured.

### 2. Huang-po:

Lo Lung-chiang (駱龍江) and Ch'en Tsung-t'ang (陳宗棠) of the Chekiang Hangchow Infectious Disease Hospital have reported that the hospital used Huang-po in treatment of 31 cases of bacillary dysentery, the huang-po being given as an oral paste in a pellet. The results of this treatment were also especially good with all 31 cases being cured.

Wu I (吳益) of the Department of Internal Medicine of the Anhwei An-ch'ing Chuan-shu Hospital has reported that the hospital has used Huang-po to treat 20 cases of bacillary dysentery. The huang-po is given either in the form of a paste in a pellet or is pressed into a pill and taken orally. The results of the treatment were very good, and with the exception of one case, the 20 were cured.

Wen Chao-jung (溫肇榮) and Ch'en Wen-chao (陳文照) of the Liberation Army Hospital have reported that the hospital used the hydrochloride of Berberis thunbergii in huang-po to treat 83 cases of bacillary dysentery during the spring of 1957. With the exception of one case with Pao's [?] bacillary dysentery, the remaining 82 cases were cured. For the most part, clinical symptoms, fecal examination, and bacterial culture returned to normal within a week.

### 3. Ch'in-p'i:

Chang Hsiao-chih (張孝秩) et al of the Shanghai Municipal Infectious Disease Hospital has reported that the hospital has used a ch'in-p'i decoction in treating 185 cases of bacillary dysentery, curing all the cases. In order to further analyze the effectiveness of ch'in-p'i, a control group of 86 cases was treated with domestically produced ho-mei-su [synthomycin?] (oral dose of 0.5 mm every 6 hours). The two groups were arranged according to bacterial classification, age distribution, and symptoms at the beginning of treatment. The results

of the comparison may be seen in Table II [see end of report.]

It can be seen from this table that ch'in-p'i is very effective in treating bacillary dysentery and does not differ greatly from ho-mei-su. Ch'in-p'i is less bitter than huang-lien, and it is also cheaper. In 185 cases of the disease observed at the Shanghai Municipal Infectious Disease Hospital, no toxic reactions were seen. From this it can be seen that the use of ch'in-p'i in treatment of dysentery is not only quickly effective and cheap, but also safe and reliable.

4. Pai-t'ou-weng [*Sturnus cineraceus*]:

Chiang Tun-ju (蔣鈞儒), Shih Jung-ch'eng (施元成), and Yeh Ching-mua (叶景华) of the Shanghai Municipal People's Hospital No. 7 have reported that the hospital used pai-t'ou-weng in treating 23 cases of protozoal dysentery, giving the decocted drug in oral dosages. All 23 cases were cured.

Ming An-chih (明安治) of the Wuhan Hospital No. 3 reports that the hospital used pai-t'ou-weng to treat 26 cases of amoebic dysentery, giving the decoction orally; subsequently all 26 left the hospital completely cured. In one to three fecal examinations before leaving the hospital, no amoeba were found.

5. Ya-tan-tzu:

In 1955 Chou Pang-chi (周邦基) and Huang K'o-wei (黄克威) used Ya-tan-tzu to treat 65 cases of amoebic dysentery. The Ya-tan-tzu was given as an oral preparation in capsule form with a rectal injection of a ya-tan-tzu infusion being given at the same time. This was up to 94% effective. Another group was used as a control and were given ipecac and iodoform quinoline [洪沛霖等] 17. This demonstrated that the efficacy of ya-tan-tzu was similar to the latter agents. In addition, there were three cases in which nausea, vomiting, heart murmur, and fall in blood pressure occurred after taking ipecac. A case was effected by changing the treatment to Ya-tan-tzu.

Feng Sung-p'ing (冯颂平) of the Chu-chou Railroad Disease Prevention Station, used a solution of ya-tan-tzu to carry out direct vermifugal experiments on isolated amoebae. The results of the experiments demonstrated that ya-tan-tzu killed *Endamoeba histolytica*. The amoebae could be killed by a 1% solution in 15-20 minutes. Dr. Feng also used ya-tan-tzu to conduct experimental treatment clinically, and observed the effects on ten cases of chronic amoebic dysentery. The results of the experiments were that one case was improved, and the other nine cured. Follow-up examinations on the cured cases using culture and microscopic examinations did not reveal the presence of cysts or other growths in the cultures.

6. La-liao-ken:

In 1955, Ho Kuan-p'eng (何冠鹏) used la-liao-ken to treat ten cases of bacterial dysentery on the basis of experiments conducted at the Kwangtung Province Academy of Experimental Medicine. Coarse la-liao-ken was boiled in 40% alcohol until it became a thick, black fluid. Each dose was approximately 15 ml. The results of the treatment were cures in nine cases and progress in one case.

In 1955, Chao Ssu-ching (趙思竟) and Liang Nai-chin (梁乃津) reported that they had used la-liao-ken to treat acute colitis, bacterial dysentery, and protozoal dysentery. There were 216 cases altogether. The la-liao-ken was used in the same way as it was used by Ho Kuan-p'eng. The treatment was highly effective in bacillary dysentery. Of the 138 cases treated, symptoms disappeared in 131 cases (97%), and conditions improved in two cases (0.14%). It was ineffective in five cases (0.3%). It was next in efficacy in acute colitis and least in protozoal dysentery. Of the eight cases of protozoal dysentery, symptoms disappeared in only one case and improved in one case. It was ineffective in six cases. Among these 216 cases, after the ineffective use of Chinese-Occidental treatment was found ineffective for these 216 cases, treatment was changed to this drug, and was effective in four cases. Three cases were improved with this drug after changing from sulfonamides and chloromycetin, which had been ineffective. There was one case of an acute attack developing after delivery [postpartum] and two cases of dysentery which developed after measles, all of which were quickly cured within one to three days after taking the drug.

7. Ta-suan:

In 1953, Jen Kuo-hsiang (任國祥) et al reported on the use of ta-suan in treatment of 100 cases of amoebic dysentery. One dose of Tzu-p'i-suan was administered daily, and at the same time, a rectal injection of a ta-suan suspension was given. Of the 100 cases, 88 were cured, and on the average fecal culture was negative within two days. In five days stool was normal, and the patients left the hospital in seven days on the average.

In 1955, Wang Hsueh-t'ung (王學通) and Li Kuei-lin (李桂林) reported that they used a 10% ta-suan emetic treatment in 76 cases of bacillary dysentery at the Shih-chia-chuang Railroad Hospital, and cured 94.7% of the cases. At the same time they used a sulfonamide control group and found treatment period for the ta-suan group was approximately 0.7 days less than the sulfonamide group. The percentage of cures was also higher.

In 1954, Tai Ch'ing-lin (戴慶麟) reported that rectal injections of ta-suan for acute and chronic bacillary dysentery, and colitis had met with excellent results. Of 36 cases treated, 86% were quickly cured, 11% more slowly cured, and there was no effect in only 2.7%. In 1957, Dr. Tai again reported that the use of a ta-suan syrup for treatment of acute and chronic bacillary dysentery, acute and chronic colitis, and amoebic dysentery was highly effective. 22 cases of acute bacillary dysentery were treated with the ta-suan syrup, and 20 were cured. Two cases of chronic bacillary dysentery were cured, and five out of seven acute amoebic dysentery cases were cured.

From the above data it can be seen that ta-suan is especially effective whether given orally or intestinally in bacillary and protozoal dysentery. This drug was recorded early in history in Li Shih-chen's (李時珍) Pen-ts'ao Kang-mu. In the last few decades Soviet scholars have done research on ta-suan, and our own scholars have also done a



great deal of research work on ta-suan since the Liberation. Advancements have been made in pharmacological research, clinical application, and observations on its effectiveness. Ta-suan is highly effective against bacillary and protozoal dysentery; moreover, it is economical, gives little secondary reaction, and is an excellent anti-dysentery drug.

8. Ma-ch'ih-hsien:

In 1957, Sun Pi-kang (孙其刚) reported that the Ho-fei People's Hospital had used the Chinese drug Ma-ch'ih-hsien [*Portulaca oleracea*] in treating 87 cases of bacillary dysentery with marked effectiveness. Its method of use was as follows: Fresh *Portulaca oleracea* was made into a decoction and taken orally. In 83 out of 87 cases, symptoms disappeared after taking *P. Oleracea*, and microscopic fecal examinations became normal. The hospital treated 49 cases of bacillary dysentery with succinylsulfathiazole, and used them as control group. The results showed that *P. oleracea* was 96.6% effective, and succinylsulfathiazole was 95.9% effective. The results in the two groups were highly similar.

Liang Hsiu-feng (梁秀峰) and T'ao Fu-hsin (陶福新) of the Hangchow Infectious Disease Hospital have reported that from June through July of 1957 they used *P. oleracea* to treat 38 cases of bacillary dysentery, using a method similar to that described above. All 38 cases were cured with no secondary reactions or symptoms of toxicosis manifested.

9. Ch'a-yeh:

There have been early records of the use of tea leaves to treat dysentery in Chinese medical literature. In recent years, Soviet scholars have also reported that tea leaves are capable of killing Flexner's W strain (2A) of dysentery bacillus in vitro. In the last one or two years pharmacological research on tea leaf treatment of dysentery, and clinical observations on its effectiveness have gradually expanded. For example, in 1958, Pao Yu-ti (包幼迪) of the Fukien Medical Academy reported that he compared a 100% decoction made with first and second grade flower-tea [*hua-ch'a*], a generic term covering such tea as jasmine tea, with a 100% *huang-lien* solution as anti-bacterial compounds. The bacteria used in the experiment included *Shigella shigae*, *Shigella schmitzi*, Flexner's 2A strain dysentery bacillus and *Shigella sonnei*. They were on ordinary meat agar at pH7.6. The methods used were test-tube and osmosis methods. The results of experiments were as follows: In terms of bacterial inhibition, the effectiveness with tea-leaf extracts for *Shigella dysenteriae* was 1:1280, and in the other three species, 1:320. The inhibitive concentration of *huang-lien* for *S. dysenteriae* and *S. sonnei* was less for tea-leaf. It was similar in the remaining two. Flexner's 2A strain dysentery bacillus had a bacteriocidal value of 1:20 after 3 hours of contact with tea-leaf and *huang-lien*. After five hours it reached its highest peak at 1:320 for tea-leaf, and 1:160 for *huang-lien*.

The above experiments demonstrate that a 100% tea-leaf decoction has an anti-bacterial activity against various types of dysentery bacilli.

an its inhibitive value is just about the same as that of huang-lien.

In 1958 the Departments of Internal Medicine and Pediatrics of the I-ch'ang Peoples Hospital reported that the hospital used a tea-leaf decoction which was taken orally in treating 43 cases of dysentery. The results were as follows: of 43 cases, 41 were cured, and two improved. Body temperature returned to normal in an average of 2.6 days with fever reduced in more than half of the cases within two days. Abdominal pain disappeared in 3.1 days, and in 3.44 days frequency of elimination returned to normal. In 4.37 days fecal appearance was normal, and in 2.52 days stool cultures were negative. The patients left the hospital on an average of 5.6 days.

From the above data it can be seen that huang-lien, huang-po, ch'in-p'i, la-liao-ken, ma-ch'ih-hsien, and tea leaf are markedly effective against bacillary dysentery, that pai-t'ou-weng and ya-tan-tzu are markedly effective against amoebic dysentery, and that ta-suan is effective against both amoebic and bacillary dysentery. These drugs are cheap, and secondary reactions to them are small. Ta-suan and tea-leaf may be given as a daily meal. In addition to this, they may be considered for use as preventatives. Although the therapeutic action of these drugs was recorded by our forebears in their medical literature, there was, however, a lack of systematic observation and analysis of a large body of medical examples. In recent years, these drugs have come into use, and many observations have been made on their therapeutic effectiveness. These observations have also confirmed their clinical effectiveness. This is a fruit of the uniting of Chinese and occidental medicine.

## II. Clinical Observations on Prescriptions for Treating Dysentery

1. Pai-t'ou-weng Soup: The Shanghai Municipal Infectious Disease Hospital has used pai-t'ou-weng soup to treat 202 cases of bacillary dysentery. Among these were 122 adult patients of which 50 cases had positive fecal cultures. All were cured. Of 80 children, 50 cases had positive fecal cultures, and there was one death. In addition, control groups were treated with sulfonamides and chloromycetin. These groups were arranged according to age, type of bacterial infection, and symptoms. The results of the treatments appear in Table III [see end of report.].

The Shanghai Kung-an Hospital has used pai-t'ou-weng soup in treating 158 cases of dysentery. It was made in the form of a tablet and administered orally. Among the patients were 60 with positive cultures for bacillary dysentery. Fever receded on an average of 1.8 days, intestinal pain disappeared on an average of 3.1 days, diarrhea disappeared in an average of 2.2 days, and normal frequency of stool restored on an average of 3.7 days. 3.9 days were required before three consecutive negative cultures were obtained. Of the 158 cases mentioned above, aside from 60 of them with positive bacillary fecal examination, there were five with acute amoebic dysentery, and six with mixed acute amoebic dysentery, and bacillary dysentery. After taking pai-t'ou-weng soup tablets, the 158

cases were quickly cured.

The Ch'eng-tu Infectious Disease Hospital has used pai-t'ou-weng soup to treat 68 cases of bacillary dysentery, with the pai-t'ou-weng soup being made into tablet or powder form. All were cured except three who had recurring symptoms. Those who were discharged had negative fecal cultures in two or more instances.

From the above data it can be seen that pai-t'ou-weng soup is exceedingly effective in treating both bacillary and amoebic dysentery, and that the paste tablet is superior to the decoction preparation.

2. Tang-kuei Shao-yao Tang / Ligusticum acutilobum - Paeonia albiflora var. hortensis Soup: In 1956 Ho Pang-hung (何邦興) and Wang Yun-t'ing (王允庭) reported on using tang-kuei shao-yao t'ang in treatment of 43 cases of bacillary dysentery with the attainment of excellent results. The ingredients are fresh white peony (pai-shao), Ligusticum acutilobum, Coptis japonica, Scutellaria baikalensis, Sanguisorba officinalis, Arecha catechu L., and Inula Helenium L. These are made into a decoction. The results of treatment are as follows: It was markedly effective in all 43 cases, with 40 being cured. Of the 40 cases cured, 82.5% left the hospital after eight days. The shortest period of hospitalization was four days, and the longest was 12 days, the average being 6.88 days.

In 1957 they conducted observations on its effectiveness in 203 cases of bacillary dysentery. Of the 203 cases, 197 were cured, with no effect in the other six. In the majority of the 203 cases, the symptoms disappeared and frequency of stool also returned to normal after three to four days of treatment.

3. Shao-yao ho-chi / Paeonia albiflora var. hortensis Prescription: The Chungking 7th People's Hospital has used this prescription in treatment of 61 cases of bacillary dysentery. The most commonly used Shao-yao prescription was Shao-yao soup with the following constituents added: White peony, Coptis japonica, Scutellaria baikalensis, Inula Helenium L., Ligusticum acutilobum, Arecha catechu L., Glycyrrhiza glabra, and Cinnamomum loureirii nees. The results of treatment were as follows: The 61 cases were all cured by using the simple Shao-yao prescription. There were no secondary reactions during the course of treatment.

4. Hsiang-lien Pills: Chang Po-na (張伯納) of the Shanghai Municipal Peoples Hospital No. 11 has reported that the hospital used a hsiang-lien pill prescription to treat 57 cases of bacillary dysentery. The prescription was an orally taken decoction consisting of Coptis japonica, Rosa banksiae, Hovenia fruit, Scutellaria baikalensis, Magnolia obovata, and Arecha catechu L. The results of the treatment were very good with all 57 cases being cured.

Chang Chia-hsing (張家興) of the T'ai-yuan Infectious Disease Hospital has reported that the hospital had in 1954 used hsiang-lien pills to treat 38 cases of acute bacillary dysentery. It was given orally. The 38 cases were cured, and fever dropped to normal on an average of 32.5 hours with general symptoms disappearing three to four days after taking the drug. Bacterial cultures became negative three days after taking the drug.

From the above related data it can be seen that pai-t'ou-weng soup, tang-kuei shao-yao soup, shao-yao ho-chi, and hsiang-lien pill prescriptions are all quite effective in treating acute dysentery. Of these pai-t'ou-weng soup and tablets and hsiang-lien pills are of especially high effectiveness, and are worthy of further research and promulgation.

Chinese prescriptions for treating dysentery have been developed on the basis of various simple and effective drugs. One reason that these prescriptions have proven especially effective is that they are made up of drugs which themselves are especially effective in treating dysentery. For example, pai-t'ou-weng soup contains pai-t'ou-weng [*Sturnus cineraceus*], *Coptis japonica*, Huang-po, and ch'in-p'i. Tang-kuei Shao-yao Soup, Shao-yao ho-chi, and hsiang-lien pills all contain *Coptis japonica*, which, together with the drugs mentioned above, all have drugs that are especially effective anti-dysentery substances. Another factor is that the compounding of the prescriptions increased the effectiveness of their original anti-dysentery activity, and have been adapted to a broader scope of disease, e.g., pai-t'ou-weng soup. Some drugs, such as Shao-yao ho-chi and hsiang-lien pills, treat the secondary ailments (e.g., intestinal pain, abdominal swelling, diarrhea) at the same time that they are treating the cause of the disease. This is because the curative activity that they bring about is a synthetic one. Since this is the case, there is little difference in the efficacy of these various drugs, although during the course of the treatment, there are differences in the symptoms felt during the rapid alleviation of the illness. Although the above observations have tended toward those of final results with little analysis of directed towards other aspects, and it is still difficult to explain the above conclusions; however, according to the general clinical impressions, the synthetic prescriptions are somewhat superior to the simple drugs in treating overall body symptoms. There can be no doubt that the compound prescriptions represent a further advancement over the simple drugs.

### III. Clinical Observations on Treatment According to Discrimination of Symptoms (Pien-cheng Shih-chih)

The Nanking Chinese Medical Hospital has used the principle of treatment according to discrimination of symptoms in 102 cases of bacillary dysentery. This hospital has used as its major prescriptions for treatment of dysentery *Rosa banksiae*, Ch'un-lien (川連 [sic]), *Scutellaria baicalensis*, *Arecha catechu* L., *Hovenia bark* (or *Hovenia fruit*), *Ilex macropoda*, stem of *Lophanthus rugosus*, *Artemesia bark*, burnt *Crataegus cuneata*, An-tung ts'ai, flower of *Rhaphanus sativus*, and ripe *Rheum officinale*. Adjusting the treatment to the concrete state of the symptoms, in fever, tou-chuan, thyme stem, and root of *Pueraria thunbergiana* are given. In diarrhea, *Siler divaricatum*, and ch'ih-ling [*Poria cocos* Wolf. ?] are given. In those with severe intestinal pain, red and white peony and *Glycyrrhiza glabra* are given. *Coumarouna Odorata*

and yu-chin are administered to those with severe chest discomfort. Pinellis ternata is used for severe vomiting. Amomum xanthiodes, and ch'uan-p'o are used for cases with white discharge, and Sanguisorba officinalis charcoal, Saphora japonica leaf ash, Ligusticum acutilobum, and red hibiscus are used for cases with red discharge.

In 102 cases treated by the hospital according to this principle, fever was reduced on an average of 27 hours, and the major symptoms relieved in 24 hours with a complete disappearance of symptoms occurring in an average of 48 hours. All of the 102 cases were cured except two that were not re-examined and with whom contact was lost. In the group of 102 there were five cases of amoebic dysentery which were also cured according to the above principle. This demonstrates that the principle is suitable for treating protozoal dysentery as well as bacillary dysentery.

The Fukien Province Chinese Medical Research Institute's Dysentery Treatment Research Group used the principle of treatment according to discrimination of symptoms in treating 26 cases of chronic dysentery. They treated these cases on the basis of the long-standing dysentery (chin-li), using chi-ts'ao, Hsiang-lien pills, Szu-chun-tzu soup, pu-chung I-ch'i soup, and chen-jen yang-tsang soup. They used chi-ts'ao and hsiang-lien pills to treat the secondary ailments, and used ssu-chun-tzu soup and pu-chung i-ch'i soup to treat the root of the disease. If the dysentery continued, chen-jen yang-tsang soup and peach blossom soup (t'ao-hua-t'ang) were given. This type of treatment was found to be markedly effective. Of 26 cases of which 16 had positive cultures for either bacillary or amoebic dysentery, 11 were cured. Nine of the ten with negative cultures were cured.

In the above reports, treatment of patients was carried on according to the Chinese medical principle of treatment according to discrimination of symptoms (pien-cheng shih-chih) with the attainment of marked therapeutic efficacy. Its special characteristic is that concrete treatment can be carried out on the basis of the concrete condition of the patient.

#### IV. Acupuncture-Moxibustion Treatment

In 1956 Mao Wen-hung (毛文洪) and Chang T'ao-ch'ing (張濤清) of the Kansu Provincial Council's Intermediate Level Party School's Public Supported Treatment and Prevention Institute and the Kansu Chinese Medical Clinic reported on the use of acupuncture-moxibustion in 28 cases of dysentery flexneri during the epidemic period. The sites selected were the chung-kuan, hsia-kuan, t'ien-shu, ch'i-hai, kuan-yuan, and tsu-san-li. In those in whom frequency of stool was excessive, partition moxa cauterization was used at the shen-ch'ueh site. In those with fever, supplementary sites were the ta-ch'ui, ho-ku, ch'u-ch'ih, yang-ling, wei-chung, and fu-iu. In headache, the pai-hui, shang-hsing, feng-ch'ih, and feng-fu sites were added. The yang-fu site was added for general joint aching. In the event of constipation, the chen-chih-kou

t'ien-shu, and yang-ling t'ou-san-li were used. The results of the treatment were that the 28 cases were cured. Symptoms disappeared quickly, and after the needle had entered the sites, intestinal pain was relieved at once. The recurrent and frequent dysentery ceased altogether after the needle treatment had been completed, and there were no relapses. At the same time they also used shao-yao Soup to treat nine cases, sulfonamides to treat 30 cases and bacteriophages to treat 12 cases. These were divided into groups for purposes of comparison. This demonstrated that acupuncture-moxibustion was similar in efficacy to the other three groups, and in terms of disappearance of symptoms, it was somewhat more rapid than either Chinese drugs or bacteriophages.

In 1957 they again treated 35 cases of bacillary dysentery, and obtained very similar results.

In 1958 Mao Wen-hung of the Kansu Provincial Council's Intermediate Level Party School's Treatment Institute, on the basis of the previously related acupuncture-moxibustion treatment, used novocaine closure at the acupuncture points in treatment of bacillary dysentery. The sites selected were the same as those mentioned above. Three ml. of 0.5% novocaine was injected at each site. The results of the treatment were very good, and 20 cases of bacillary dysentery were completely cured.

At the beginning of 1958, Ch'en Ta-mu (陳大謨) of the Department of Internal Medicine of the First Kiangsi Medical Hospital Annex reported that the hospital had used electro-puncture to treat 38 cases of acute bacillary dysentery, and aside from one case in which it was not effective, the remaining 37 cases were cured and discharged from the hospital.

From the above data it can be seen that acupuncture-moxibustion is also markedly effective in the treatment of dysentery.

## V. Conclusion

Although our national medicine has had good results in the treatment of dysentery, there is, however, still a great deal of work that must be done. For example, further research should be made on the question of the therapeutic mechanisms of various simple drugs and compound prescriptions used in preventing and treating dysentery, the problem of the mechanism of acupuncture-moxibustion treatment of dysentery, the problem of how to further systematic observations and synthesis of the principle of treatment according to discrimination of symptoms in dysentery, the problem of how to carry out dysentery prevention using Chinese drugs, and, finally, the problem of how to concretely join Chinese and occidental medicine in the phases of diagnosis and treatment. These questions all await further research.

Research Institute of Chinese Traditional Medicine

TABLE 1

Group	No. of days in which Frequency and Color of Feces Returned to Normal			No. of Days in which Culture Becomes Negative	No. of Days in which Intestinal Pain Disappeared	No. of Days in which Fever Receded
	Normal Frequency	Feces Become Yellow	Completely Normal Feces			
Sulfonamides	3.7 strong	4.5	7.5	7	5.5	3
Streptomycin	3	4.5	7	7.3	4.5	3.6
Dysentery Bacteriophage	3.5	3.9	7.2	7	5.2	3.2
Huang-lien [Coptis Japonica]	3.9 weak	4.2	6.7	4.7	5.8	3.2

TABLE 2

Group	Number of Cases with Positive Bacterial Culture	Average Number of Days in Which Stool Returned to Normal			Number of Days from Which 3 Consecutive Negative Cultures Were Obtained
		Average Number of Days in Which Fever Receded	Frequency	Appearance	
Ch'in-p'i	96	2.3	4.8	4.3	2.9
Ho-mei-su	39	2.1	4.2	3.1	2.0

TABLE 3

## COMPARISON OF THE EFFECTIVENESS OF PAI-T'OU-WENG SOUP AND SULFONAMIDES (ADULTS)

Group	Number of Cases	Bacterial Classification				Average no. of days in which fever receded	Av. no. of days stool returns to normal		Average no. of days from which 3 consecutive negative fecal cultures were found
		Flexner's bacillus	S. sonnei	S. dysenteriae	Flexner's bacillus and S. sonnei		Frequency	Appearance	
Pai-t'ou-weng Soup	45	36	7	1	1	2.4	6.6	5.0	3.1
Sulfonamides	40	28	12	0	0	2.7	5.5	4.1	3.1



TABLE 4

COMPARISON OF EFFECTIVENESS OF PAI-T'OU-WENG SOUP WITH SULFONAMIDES AND CHLOROMYCETIN (CHILDREN)														
Group	No. of Cases	Age Group			Bacterial Classification			Symptoms			Av. no. days stool becomes normal	Av. no. days fever receded	Deaths	Average no. of days in which fecal culture became negative
		2 and below	3 - 5 years	6 - 10 years	Flexner's bacillus	S. sonnei	S. dysenteriae	heavy	intermediate	mild				
Pai-t'ou-weng soup	50	15	30	5	30	19	1	29	13	8	8.5	2.4	1	4.5
Sulfonamides	32	17	11	4	11	21	0	10	16	6	4.0	1.7	0	6.0
Chloromycetin	32	21	11	0	16	16	0	20	10	2	5.8	2.5	2	6.2

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